omentum a few yellow floculi were found. On the under surface of the liver there was a firmly adherent yellow coating of fibrin. The vermiform appendix was firmly adherent to the pelvic wall and contained a fecal concretion about the size of a cherry-stone.

The author advocates the treatment of septic peritonitis, not due to perforation of gut, in the manner described above.—*Deutsche Medicinische Wochenschrift*, No. 40, 1888.

F. C. HUSSON (New York).

V. Case of Perforating Stab Wound of Abdomen, with Prolapse of Bowels. By DR. M. G. TZITRIN (Syzran, Russia). A male peasant, æt. 50, of middling make and nutrition, was stabbed in the chest and abdomen with a knife and was at once brought to the Town Hospital. On examining the man (who was in a heavily intoxicated state) Dr. Tzitrin found, besides two superficial wounds of the chest, an oblique clean-cut incision, 3 cm. long, situated $2^1/_4$ cm. below the navel, and 1 cm. to the left of the linea alba. In the wound were tightly strangulated seven sausage-like, highly distended and œdematous loops of the small intestine, of a dark red color. Having washed out the (uninjured) prolapsed parts with a 2 per cent. solution of borax, the author proceeded to reduce them with fingers through the wound which was kept gaping by means of hooks. The procedure succeeded after 3 hours. The reduction could have been effected, very likely, much more rapidly after a slight enlargement of the cut. The anthor, however, abstained from the enlargement on the curious ground that "it might give rise to a more or less profuse hæmorrhage." The wound was closed with 4 silk sutures and dressed with iodoform. It healed *per secundam* on the 43rd day. The temperature never rose above 38.7° C. On the 44th day the man was discharged well.—*Russkaia Meditzina*, No. 19, 1888.

VALERIUS IDELSON (Berne).

IV. Contribution to the Surgical Treatment of Acute Strangulation of the Intestine. (Ileus). By MAX SCHEDE (Hamburg). The auther insists upon early diagnosis of acute strangulation of the intestine. The prognosis of surgical proceedure depends

largely upon early operation. No disease causes such rapid sinking of the vital powers of the patient, and in none are the results of simple laparotomy so dangerous to the life of the individual. The prognosis is always better in those cases which have a stormy invasion. In the slow insidious invasions where the symptoms have existed some time, the integrity of the gut has been compromised before surgical aid is apt to reach the patient. The author tabulates his own cases, both operative and those in which the expectant plan has been followed. In those cases where the strength of the patient has been much exhausted, he advises postponement of the major operation for the radical cure of strangulation (laparotomy) and the substitution of the minor operation of making an artificial anus. The more dangerous procedure is advised after the strength of the patient has improved. Of 10 cases of acute ileus, the radical operation was performed by the author in 6. In only one case did definite cure result. In two cases the laparotomy was successful, but the patients died subsequently of pneumonia. In two additional cases he formed an artificial anus for the exit of fæces as a palliative measure, the patients being in bad condition for the operation of laparotomy; both of these cases were fatal.

The author also calls attention to the great mortality after operation in those cases of stricture of the gut due to carcinomatous growth. In these cases, symptoms, acute in the onset, may appear in subjects who never suffered from anything more marked than inordinate constipation. Cases of this character should be always examined under narcosis. Early diagnosis is also an important factor in the disease.—*Archiv. f. Klin. Chir.* bd. 36. heft 3.

HENRY KOPLIK (New York).

VII. On a Method of Operating so as to Lessen the Dangers of Exsection of Intestine. By E. HAHN (Germany). In cases of strangulated hernia with gangrenous intestine, resection of the intestine and suture of the divided ends was given up by the author after its first trial, owing to the bad results which followed it, but was adopted again when an examination of statistics seemed to show that better results followed after it than after the formation of artificial anus